

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) ▼

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. David Song MD

Signature of Treasurer

Dr. David Song MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 31 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		37835.00
(b) Cash on Hand at Beginning of Reporting Period.....	37835.00	
(c) Total Receipts (from Line 19)	99089.96	99089.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	136924.96	136924.96
7. Total Disbursements (from Line 31)	123179.49	123179.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13745.47	13745.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

79495.30

79495.30

(ii) Unitemized

19594.66

19594.66

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

99089.96

99089.96

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

99089.96

99089.96

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

99089.96

99089.96

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

99089.96

99089.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	849.49	849.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	849.49	849.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	121500.00	121500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	830.00	830.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	830.00	830.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	123179.49	123179.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123179.49	123179.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	99089.96	99089.96
34. Total Contribution Refunds (from Line 28(d))	830.00	830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98259.96	98259.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	849.49	849.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	849.49	849.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 88
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David L. Abramson MD

Mailing Address 42A E 74th St

City
New YorkState
NYZip Code
10021-2735FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

Transaction ID : 7AA84851-F4DD-41DB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hilton C. Adler MDMailing Address 179 N Belle Mead Ave
Ste 1

City

East Setauket

State

NY

Zip Code

11733-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2013

Transaction ID : DD20F7927E6E4500B08F

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

c. Arturo Aguilon-Bouche MD

Mailing Address 69 Hall Rd

City

Sturbridge

State

MA

Zip Code

01566-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : D63A612071F33C62756

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Goesel Anson MD

Mailing Address 8530 W Sunset Rd
Ste 130

City Las Vegas State NV Zip Code 89113-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 19 / 2013

Transaction ID : DB6F351522A74436B2B0

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Pamela M. Antoniuk MD

Mailing Address 2801 University Dr S
Sanford Plastic Surgery

City Fargo State ND Zip Code 58103-6029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2013

Transaction ID : EACB01A5-2528-4B65-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Amy Arnold MD

Mailing Address 5200 N Federal Hwy
Ste 7

City Fort Lauderdale State FL Zip Code 33308-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 7569418CC0FE0EAED0E

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John A. Attwood MD

Mailing Address 244 Western Ave

City

South Portland

State

ME

Zip Code

04106-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 9B2760E33ACC49999952

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Edwin N. Austin MDMailing Address 875 Oak St SE
Ste 4060

City

Salem

State

OR

Zip Code

97301-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

Transaction ID : A80134028DA2807292A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nia D. Banks MDMailing Address 8116 Good Luck Rd
Ste 215

City

Lanham

State

MD

Zip Code

20706-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	3

Transaction ID : B55A0609-0069-4C40-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. W. Byron Barber MD

 Mailing Address 1591 Yanceyville St
 Ste 100

City Greensboro State NC Zip Code 27405-6942

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 12 / 2013

Transaction ID : 8461D02F-E7FE-4AF0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. C. Bob Basu MD

 Mailing Address 6400 Fannin St
 Ste 2100

City Houston State TX Zip Code 77030-1542

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Basu Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2013.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : 9045336A-26CC-4BD0-

Amount of Each Receipt this Period

2013.00

Full Name (Last, First, Middle Initial)

C. Glenn A. Becker MD

 Mailing Address 121 E 60th St
 Apt 2E

City New York State NY Zip Code 10022-1164

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : 8E664742-2202-4659-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2513.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard H. Bensimon MD

Mailing Address 1200 NW Naito Pkwy
Ste 330

City State Zip Code
Portland OR 97209-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2013

Transaction ID : 7E9F9524-435C-4A55-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. R. Laurence Berkowitz MD

Mailing Address 3803 S Bascom Ave
Ste 100

City State Zip Code
Campbell CA 95008-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 05 / 2013

Transaction ID : E3273333-82CB-48FB-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Keith S. Berman MD

Mailing Address 1055 Hylan Blvd

City State Zip Code
Staten Island NY 10305-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2013

Transaction ID : 880520C2-4EB3-40B3-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James Boehmler MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City State Zip Code
Columbus OH 43212-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

Transaction ID : 97D20FC7-4044-4BE3-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jennifer E. Boll MD

Mailing Address 1520 S Dobson Rd
Ste 314

City State Zip Code
Mesa AZ 85202-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 05 / 2013

Transaction ID : 54EC6EF55D29920A19B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Matthew J. Bonanno MD, FACS

Mailing Address 215 E 77th St

City State Zip Code
New York NY 10075-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2013

Transaction ID : EA7AA33D-6B84-4118-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Mark T. Boschert MD

Mailing Address 145 Saint Peters Centre Blvd

City State Zip Code
 Saint Peters MO 63376-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2013

Transaction ID : 013D1723-414A-42DD-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith E. Brandt MD

Mailing Address 660 S Euclid Ave
 Box 8238, 1150 Northwest Tower

City State Zip Code
 Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Div. of Plastic & Reconstructi Surgery

Occupation

William G. Hamm Prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 19 / 2013

Transaction ID : 2013DCBF63CA48C08A21

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Glen S. Brooks MD

Mailing Address 776 Longmeadow St

City State Zip Code
 Longmeadow MA 01106-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 57FD4D6DF8F7C28BC59

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 88

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jennifer B. Buck MD

Mailing Address 35080 US Highway 19 N

City

Palm Harbor

State

FL

Zip Code

34684-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	3

Transaction ID : D28BEB6AE011D13431

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Louis P. Bucky MDMailing Address 230 W Washington Sq
Ste 101

City

Philadelphia

State

PA

Zip Code

19106-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Farm Journal Building

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	3

Transaction ID : AFAE899D4B93B45B19D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael J. Busuito MDMailing Address 1080 Kirts Blvd
Ste 700

City

Troy

State

MI

Zip Code

48084-4853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	3

Transaction ID : 774A514F5A9045EE87ED

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Donald J. Campbell MD

Mailing Address 1296 Sims St

Nepa Suite B

City

Gainesville

State

GA

Zip Code

30501-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 4BA3A99C0DC749EABE3F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Raymond A. Capone MD

Mailing Address Shadyside Surgi-Center

City

Pittsburgh

State

PA

Zip Code

15206-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 22 / 2013

Transaction ID : 3F0B48BA2A614AC3B507

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Guy Cappuccino MD

Mailing Address 1304 S Main St

City

Mount Airy

State

MD

Zip Code

21771-5329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : A686A7B2B5591D48F11

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Holly Casey Wall MD

Mailing Address 8600 Fern Ave

City State Zip Code
 Shreveport LA 71105-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2013

Transaction ID : 5BF8901D-23C3-4BCB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael G. Cedars MD

Mailing Address 3300 Webster St
 Ste 1106

City State Zip Code
 Oakland CA 94609-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : 9074938BF795467D911F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Kevin C. Chung MD

Mailing Address 1500 E Medical Center Dr
 2130 Taubman Center Space 5340

City State Zip Code
 Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : 516538CB-E4C0-4E68-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John Q. Cook MD

Mailing Address 737 N Michigan Ave
Ste 760

City State Zip Code
Chicago IL 60611-6662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2013

Transaction ID : 9EEF5BEE41714B93AF AE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John J. Corey MD

Mailing Address 10210 N 92nd St
Ste 200

City State Zip Code
Scottsdale AZ 85258-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2013

Transaction ID : 952C4565-60FE-402C-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. James E. Craigie MD

Mailing Address 1300 Hospital Dr
Ste 120

City State Zip Code
Mount Pleasant SC 29464-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : B76207D65BC4D18F0F3

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. George A. Csank MD

Mailing Address 426 South St

City

Pittsfield

State

MA

Zip Code

01201-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 20 / 2013

Transaction ID : A44E4B1C-01A0-4B00-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

01 / 01 / 2013

Transaction ID : 42918E2A68F2B71466DC

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

C. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

02 / 01 / 2013

Transaction ID : 4A02B68ED45E94F16F6C

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 88
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City State Zip Code
 Chapel Hill NC 27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNC Div of Plastic & Recon Surgery

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 06 2013

Transaction ID : 4B69BAF356B3BC64C781

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City State Zip Code
 Chapel Hill NC 27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNC Div of Plastic & Recon Surgery

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 02 2013

Transaction ID : 4969AB87CC14E50D7F91

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

C. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City State Zip Code
 Chapel Hill NC 27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNC Div of Plastic & Recon Surgery

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 02 2013

Transaction ID : 40BAB4C2C94789350F8A

Amount of Each Receipt this Period

91.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

308.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

05 / 02 / 2013

Transaction ID : 4EB0AD5D79970F30F5E6

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

06 / 02 / 2013

Transaction ID : 48FBBB06B8E84FE96767

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

c. Chantelle M. Decroff MD

Mailing Address 6114 Wooded Creek Cv

City

Temple

State

TX

Zip Code

76502-7959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2013

Transaction ID : A057F798-581B-4EDE-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gregory Delange MD

Mailing Address 2865 Pga Blvd

City State Zip Code
Palm Beach Gardens FL 33410-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

Transaction ID : B5FFA237-0294-4FAF-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph B. Delozier MD

Mailing Address 209 23rd Ave N

City State Zip Code
Nashville TN 37203-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2013

Transaction ID : 81008627-3FAF-496E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lynn D. Derby MD

Mailing Address 235 E Rowan Ave
Ste 206

City State Zip Code
Spokane WA 99207-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 63603E65B065DD16375

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John Wm. Derr MD

Mailing Address 4001 Kresge Way
Ste 320

City State Zip Code
Louisville KY 40207-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 0FD4F1A3-0D88-4146-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald M. Ditmars MD

Mailing Address 2799 W Grand Blvd
Plastic Surgery Clinic

City State Zip Code
Detroit MI 48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 3E3751416922BD448F7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony Echo MD

Mailing Address Suite 2200
6560 Fannin, Scurlock Tower

City State Zip Code
Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 26 / 2013

Transaction ID : B7CBC784-B6EC-46CE-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Aric J. Eckhardt MD

Mailing Address 615 Valley View Dr
Ste 203

City Moline State IL Zip Code 61265-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 23 / 2013

Transaction ID : 8132A2A1-3EEF-4A45-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Sepehr Egrari MD

Mailing Address 2950 Northup Way
Ste 100

City Bellevue State WA Zip Code 98004-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 13 / 2013

Transaction ID : 6618E893-63C9-48AC-

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Michael A. Epstein MD

Mailing Address 1535 Lake Cook Rd
Ste 211

City Northbrook State IL Zip Code 60062-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2013

Transaction ID : 865A86D0-DCC0-4BAB-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gregory R.D. Evans MD, FACS

Mailing Address 200 S Manchester Ave
Ste 650

City State Zip Code
Orange CA 92868-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California Irvine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2013

Transaction ID : 204DC97E45C3E392AC6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Audrey E. Farahmand MD

Mailing Address 14090 Metropolis Ave
Ste 102

City State Zip Code
Fort Myers FL 33912-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farahmand Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 22 / 2013

Transaction ID : D2F841B0FC234162AD89

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James L. Fernau MD

Mailing Address 1000 Cliffmine Rd
Ste 120

City State Zip Code
Pittsburgh PA 15275-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 059419EC-6F0C-42FF-

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Neil A. Fine MD

Mailing Address 676 N Saint Clair St
Ste 1525A

City State Zip Code
Chicago IL 60611-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 2FCB7D64B2B6B8D43E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Neil A. Fine MD

Mailing Address 676 N Saint Clair St
Ste 1525A

City State Zip Code
Chicago IL 60611-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 16 / 2013

Transaction ID : 479E1FF8-8F85-46E8-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey D. Friedman MD

Mailing Address 6560 Fannin St
Ste 2200

City State Zip Code
Houston TX 77030-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2013

Transaction ID : B2CDA195A5B145258350

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gregory C. Gaines MD

Mailing Address 108 NW 76th Dr

Gaines Plastic Surgery, PLLC, Ste

City State Zip Code
 Gainesville FL 32607-6652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Plastic & Recon. Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 02 / 2013

Transaction ID : DAB926C9-ED0B-4B92-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. J. Lynne Garrison MD

Mailing Address 400 Spring Forest Rd

City State Zip Code
 Greenville NC 27834-7244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : 7F223272-9EAC-445B-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel Garritano MD

Mailing Address 4139 Boardman Canfield Rd

Ste 2

City State Zip Code
 Canfield OH 44406-9034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 05 / 2013

Transaction ID : 1DF40B0FE429E8DEF5B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John E. Gatti MD

Mailing Address 409 Kings Hwy S

City

Cherry Hill

State

NJ

Zip Code

08034-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	3

Transaction ID : BF53F7E5F438EA57FD3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mary K. Gingrass MD

Mailing Address 1915 State St

City

Nashville

State

TN

Zip Code

37203-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	3

Transaction ID : 1AF390EC87D74411865A

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Robert H. Gotkin MD

Mailing Address 625 Park Ave

City

New York

State

NY

Zip Code

10065-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : 2094EA8A-44A9-46B7-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Braun H. Graham MD

Mailing Address 2255 S Tamiami Trl

City

Sarasota

State

FL

Zip Code

34239-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 309B9F73-92C5-4D35-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John A. Grossman MD

Mailing Address 4600 Hale Parkway

City

Denver

State

CO

Zip Code

80220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 47B2AFC48D832C4CA5C5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Arturo K. Guiloff MD

Mailing Address 2865 Pga Blvd
Ste 100

City

Palm Beach Gardens

State

FL

Zip Code

33410-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Estetica Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2013

Transaction ID : 988F8457-7F3F-4D4F-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jack P. Gunter MD

Mailing Address 8144 Walnut Hill Ln
Ste 170

City State Zip Code
Dallas TX 75231-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2013

Transaction ID : F4473540BBCF49D4854F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christian I. Guzman MD

Mailing Address 440 Mamaroneck Ave
Ste 412

City State Zip Code
Harrison NY 10528-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 7A657820-7809-45DA-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Josef G. Hadeed MD

Mailing Address 20 Glenlake Pkwy NE
Glenlake Medical Center

City State Zip Code
Atlanta GA 30328-3473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2013

Transaction ID : FEEB6674-4D06-406A-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David E. Halpern MD

Mailing Address 120 S Fremont Ave

City

Tampa

State

FL

Zip Code

33606-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Tampa Bay Plastic Su

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2013

Transaction ID : 9C427E70-AFFE-4E2B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hauw T. Han MD

Mailing Address 6770 Cincinnati Dayton Rd
Ste 200

City

Liberty Township

State

OH

Zip Code

45044-9319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : 36E2580A-1409-4F1F-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen P. Hardy MD

Mailing Address 2802 Great Northern Loop

City

Missoula

State

MT

Zip Code

59808-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2013

Transaction ID : 8ECD9138-9DA0-42AE-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Donnis S. Hobson MD

Mailing Address 365 Hawthorne Ave
Ste 202

City State Zip Code
Oakland CA 94609-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2013

Transaction ID : 073E13A0806946B78E56

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Patrick L. Hodges MD

Mailing Address 8220 Walnut Hill Ln
Ste 206

City State Zip Code
Dallas TX 75231-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2013

Transaction ID : 2065B8B767824ACCB0B7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott D. Holley MD

Mailing Address 7971 Moorsbridge Rd

City State Zip Code
Portage MI 49024-4075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 7DDC82D554154B849ECA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 88
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Thomas J. Hubbard MD

Mailing Address 329 Phillip Ave

City

Virginia Beach

State

VA

Zip Code

23454-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

Transaction ID : 8F50CCD9-BF3C-460E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles E. Hughes MDMailing Address 8051 S Emerson Ave
Ste 450

City

Indianapolis

State

IN

Zip Code

46237-8667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2013

Transaction ID : DC03E15C-5835-48D3-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. J. Benjamin Hugo MDMailing Address 328 Louisa Ave
Ste 110

City

Virginia Beach

State

VA

Zip Code

23454-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2013

Transaction ID : 59F6B701EDDC4842A4FF

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Joseph Paul Hunstad MD

Mailing Address 11208 Statesville Rd
Ste 300

City State Zip Code
Huntersville NC 28078-7637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2013

Transaction ID : ECF76E29-5696-471B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elliot W. Jacobs MD

Mailing Address 815 Park Ave

City State Zip Code
New York NY 10021-3295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20158192CAE9E4AA2AD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey E. Janis MD

Mailing Address 1801 Inwood Rd
Wa4.250

City State Zip Code
Dallas TX 75235-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UTSW Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2013

Transaction ID : B97A5EFD-BBF3-4638-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 03 / 2013

Transaction ID : 40EA9C9AD537C7A804F0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 03 / 2013

Transaction ID : 47A59524CCC427D1C1D5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 4A178FC5B188473DDA50

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 03 / 2013

Transaction ID : 4C3EBB7EBD5460E7CB8E

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ramasamy Kalimuthu MD

Mailing Address 5346 W 95th St

City

Oak Lawn

State

IL

Zip Code

60453-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 28 / 2013

Transaction ID : C7381111F7214D7F9D2A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dean P. Kane MD

Mailing Address 1 Reservoir Cir
Ste 201

City

Baltimore

State

MD

Zip Code

21208-6413

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Center for Anti- Aging Medicine &

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 22 / 2013

Transaction ID : C1F8A9FA-C7F5-4DF6-

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Daniel Kapp MD

Mailing Address 1500 N Dixie Hwy
Ste 304

City State Zip Code
West Palm Beach FL 33401-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 12 / 2013

Transaction ID : EC77472243E51115D95

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Robert E. Kearney MD

Mailing Address 4520 Executive Dr
Ste 150

City State Zip Code
San Diego CA 92121-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 19 / 2013

Transaction ID : 965BE88B-D741-4FFE-

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Denise M. Kenna MD

Mailing Address 1936 Powder Mill Rd

City State Zip Code
York PA 17402-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 05 / 2013

Transaction ID : E10A2C36-6E85-4AAB-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

820.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 36 OF 88
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. J. Woodfin Kennedy MD
 Mailing Address 979 E 3rd St
 Ste C920

City	State	Zip Code
Chattanooga	TN	37403-2136

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2013

Transaction ID : 78B2ABEE-B6EA-48B0-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Geoffrey R. Keyes MD
 Mailing Address 9201 W Sunset Blvd
 Ste 611

City	State	Zip Code
Los Angeles	CA	90069-3707

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : 9764C32082604A30A7CB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Robert M. Kimmel MD

Mailing Address 575 E Norwegian St

City	State	Zip Code
Pottsville	PA	17901-3711

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Keystone Cosmetic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 0E348F73-06DF-440D-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

1050.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 88

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Brian M. Kinney MD, FACS

Mailing Address 120 S Spalding Dr
Ste 330City State Zip Code
Beverly Hills CA 90212-1841FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2013

Transaction ID : 80863CF6-9DBA-488F-

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. David S. Kim MD

Mailing Address 2376 Alexandria Dr

City State Zip Code
Lexington KY 40504-3229FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2013

Transaction ID : 0F724E9460EBB99E218

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. W. John Kitzmiller MD

Mailing Address 231 Albert Sabin Way
MI0558City State Zip Code
Cincinnati OH 45267-2827FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ/Cincinnati Plas Recon & Hand Surg

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2013

Transaction ID : 68CA7BB3-B855-447F-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

4300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Brian Kobienia MD

Mailing Address 7450 France Ave S
Ste 220

City State Zip Code
Edina MN 55435-4792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 11 / 2013

Transaction ID : 06941DAFC50B4849A93B

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Andrew N. Kornstein MD

Mailing Address 1373 Redding Rd

City State Zip Code
Fairfield CT 06824-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

Transaction ID : 8B6138D98FF54DD5B8B6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark L. Labowe MD

Mailing Address 100 Ucla Medical Plz
Ste 747

City State Zip Code
Los Angeles CA 90024-6990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : BC2B4A2F-DCD8-492F-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David C. Leber MD

Mailing Address 2807 N Front St

City

Harrisburg

State

PA

Zip Code

17110-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leber & Banducci Plastic Surgery, LTD

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 27 / 2013

Transaction ID : F0568231F63F4A33B920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gilbert W. Lee MD

Mailing Address 11515 El Camino Real
Ste 150

City

San Diego

State

CA

Zip Code

92130-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2013

Transaction ID : 18346E0F-072A-4D41-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Wayne C. Lee MD

Mailing Address 1602 Oakfield Dr
Ste 109

City

Brandon

State

FL

Zip Code

33511-0827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 15 / 2013

Transaction ID : BEE09F4C-9F9B-47BF-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 40 OF 88

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. E. Dwayne Lett MD

Mailing Address 1417 W Baddour Pkwy
Ste B

City Lebanon State TN Zip Code 37087-3064

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Lett Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2013

Transaction ID : 94D829DC-487D-45FE-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas B. Lintner MD

Mailing Address 711 Canton Rd NE
Ste 400

City Marietta State GA Zip Code 30060-8949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 02 / 2013

Transaction ID : 980E8EF9-1B37-4C1F-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ronald A. Lohner MD

Mailing Address Building I Suite 200

City Rosemont State PA Zip Code 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 14 / 2013

Transaction ID : F23E86DC7631485B30E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Paul J. Loverme MD, FACS

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2013

Transaction ID : 4B5DB38B31A4CBA31A43

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Paul J. Loverme MD, FACS

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2013

Transaction ID : 44A697A0E5685019470E

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Herluf G. Lund MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City

Wildwood

State

MO

Zip Code

63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 08 / 2013

Transaction ID : A3AFC21E34764998901

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 42 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dennis J. Lynch MD

Mailing Address 2361 River Ranch Rd

City State Zip Code
 Temple TX 76502-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2013

Transaction ID : 6D7E842712E94B84B81A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Lynch MD

Mailing Address 300B Princeton Hightstown Rd
 Ste 101

City State Zip Code
 East Windsor NJ 08520-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 26 / 2013

Transaction ID : 6C723AB7-0C2B-446D-

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Raman Chaos Mahabir MD

Mailing Address Division of Plastic Surgery

City State Zip Code
 Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 66D4A949719BEDBC78A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1620.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Philip C. Marin MD

Mailing Address 650 Dittmer Ave

City

Pueblo

State

CO

Zip Code

81005-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2013

Transaction ID : D062A30C-3CE6-4A1F-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric R. Mariotti MD

Mailing Address 2222 East St
Ste 310

City

Concord

State

CA

Zip Code

94520-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 91F1667111F94B968338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas B. McNemar MD

Mailing Address 2160 W Grant Line Rd
Ste 250

City

Tracy

State

CA

Zip Code

95377-7335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : F6C7C16FF7BB9AD638C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Constantino Mendieta MD

Mailing Address 2310 S Dixie Hwy

City State Zip Code
 Miami FL 33133-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013

Transaction ID : 2D36278D362143999983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William D. Merkel MD

Mailing Address 2525 N 8th St
 Ste 203

City State Zip Code
 Grand Junction CO 81501-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013

Transaction ID : 71818610B5624F7285CE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Basil M. Michaels MD

Mailing Address 426 South St

City State Zip Code
 Pittsfield MA 01201-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013

Transaction ID : C432237E-6263-4E08-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Paul B. Mills MD

Mailing Address 145 Saint Peters Centre Blvd

City State Zip Code
 Saint Peters MO 63376-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : E3850498-4F4F-432F-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brent R.W Moelleken MD

Mailing Address 120 S Spalding Dr
 Ste 110

City State Zip Code
 Beverly Hills CA 90212-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : 7A7FD0C42A7B4BAFB799

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Talal A. Munasifi MD

Mailing Address 1635 N George Mason Dr
 Ste 380

City State Zip Code
 Arlington VA 22205-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : 6F4E482C158F4C9FA5BA

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 88
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lisa C. Murcko MD

Mailing Address 1700 S Lincoln Ave
Va Medical Center

City State Zip Code
Lebanon PA 17042-7529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2013

Transaction ID : A5FE59E5513FFD51EBF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert X. Murphy Jr., MD

Mailing Address 2597 Schoenersville Rd
Ste 305

City State Zip Code
Bethlehem PA 18017-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cosmetic and Reconstructive Specialist

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2013

Transaction ID : 227940FF-CB20-41DA-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John D. Murray MD

Mailing Address 4555 Emerson St
Ste 230

City State Zip Code
Jacksonville FL 32207-4958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2013

Transaction ID : 5FC68C84-C4D5-4375-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Yukihiro A. Nakamura MD

Mailing Address 3030 S Cooper St

Accent on You-Cosmetic Surgery Cen

City

Arlington

State

TX

Zip Code

76015-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : C8626FA4611445DBA803

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Herbert J. Nassour MD

Mailing Address 1300 Murchison Dr

Ste 300

City

El Paso

State

TX

Zip Code

79902-4851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 7B500D38623B428296B0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Morgan E. Norris MD

Mailing Address 6906 Sewanee St

City

Houston

State

TX

Zip Code

77025-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2013

Transaction ID : 4F29B0A1E86EF8756D44

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kenneth L. Odinet MD
 Mailing Address 200 Beaulieu Dr
 Ste 6

City	State	Zip Code
Lafayette	LA	70508-7230

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

Transaction ID : 03420609-B42F-4284-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard R. Orr MD
 Mailing Address 3700 Bellemeade Ave
 Medical Arts Building, Suite 112

City	State	Zip Code
Evansville	IN	47714-0102

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 6800278FED8549E3820E

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. John M. Osborn MD
 Mailing Address 95 Scripps Dr
 Downstairs

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : CFD03DFBB6A4391A097

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Steven E. Ozeran MD

Mailing Address 1630 23rd Ave
Ste 901A

City Lewiston State ID Zip Code 83501-6358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2013

Transaction ID : 63AEE4AB2B4744A392E5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael J. Pecoraro MD

Mailing Address 450 Jack Martin Blvd
Ste A

City Brick State NJ Zip Code 08724-7779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 77A45237B6F6342BAAC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. George J. Picha MD, Ph.D.

Mailing Address 5005 Rockside Rd
Ste 1225

City Independence State OH Zip Code 44131-6809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2013

Transaction ID : 5DEF97E1FE664CBDB640

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Susan M. Pike MD

Mailing Address 302 University Blvd

City

Round Rock

State

TX

Zip Code

78665-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

Transaction ID : BB1E75A888E2E9CA28C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Byron D. Poindexter MD

Mailing Address 1825 Samuel Morse Dr

City

Reston

State

VA

Zip Code

20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2013

Transaction ID : 66BAAA168E9243CDA510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Harlan Pollock MD

Mailing Address 8305 Walnut Hill Ln
Ste 210

City

Dallas

State

TX

Zip Code

75231-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 25 / 2013

Transaction ID : 64EB8C16-1CC6-4036-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Patrick H. Pownell MD

Mailing Address 7115 Greenville Ave
Ste 220

City State Zip Code
Dallas TX 75231-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 3AE58BD5423A423D9115

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. David F. Pratt MD

Mailing Address 10413 NE 37th Cir
Bldg B

City State Zip Code
Kirkland WA 98033-7924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2013

Transaction ID : 03BD16E5-333A-4181-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Reedy MD

Mailing Address 50 Commerce Dr

City State Zip Code
Wyomissing PA 19610-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 00971C7D73F24D4E99CD

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Andre J. Renard MD

Mailing Address 2401 University Pkwy
Ste 204

City State Zip Code
Sarasota FL 34243-2973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 04 / 2013

Transaction ID : EAEB9B006B6D36C41C7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andre J. Renard MD

Mailing Address 2401 University Pkwy
Ste 204

City State Zip Code
Sarasota FL 34243-2973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2013

Transaction ID : 6DBE6A68CCD60DD6BEB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James N. Romanelli MD

Mailing Address 110 E Main St
Ste 6

City State Zip Code
Huntington NY 11743-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 12 / 2013

Transaction ID : 7CC2B8677973E211D86

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David A. Ross MD

Mailing Address 875 N Rush St

City

Chicago

State

IL

Zip Code

60611-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : C55CD4FD-7783-4ACD-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leonard A. Roudner MDMailing Address 550 Biltmore Way
Ste 890

City

Coral Gables

State

FL

Zip Code

33134-5779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 9A732055BBE94829A7D0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ernesto J. Ruas MD

Mailing Address 603 S Boulevard

City

Tampa

State

FL

Zip Code

33606-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2013

Transaction ID : 5CA649950E6A40CEA727

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Justin M. Sacks MD

Mailing Address 601 N Caroline St
Ste 8140D

City Baltimore State MD Zip Code 21287-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2013

Transaction ID : F8926888-1A5F-4713-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marc J. Salzman MD

Mailing Address 6420 Dutchmans Pkwy
Ste 160

City Louisville State KY Zip Code 40205-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2013

Transaction ID : E2C09524-F888-4CBE-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. George H. Sanders MD

Mailing Address 16633 Ventura Blvd
Ste 110

City Encino State CA Zip Code 91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : D33A0E3C70CF464C868A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gordon H. Sasaki MD

Mailing Address 800 Fairmount Ave
Ste 319

City Pasadena State CA Zip Code 91105-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 5D88078D26AF1CB15A4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. S. Larry Schlesinger MD

Mailing Address 1221 Kapiolani Blvd
Ste 1025

City Honolulu State HI Zip Code 96814-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 2605BD0F17309B9D730

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter L. Schwartz MD

Mailing Address 143 Froehlich Farm Blvd

City Woodbury State NY Zip Code 11797-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2013

Transaction ID : 6C77CED4B82C45D6B5DE

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 56 OF 88
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert K. Sigal MD

Mailing Address 1825 Samuel Morse Dr

City	State	Zip Code
Reston	VA	20190-5317

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2013

Transaction ID : CC66437C284F4359B2E2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sumner A. Slavin MD

Mailing Address 1101 Beacon St

City	State	Zip Code
Brookline	MA	02446-5536

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2013

Transaction ID : 028EC4B9-2680-482A-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey Dean Smith MD

Mailing Address 15 Village Sq

City	State	Zip Code
Chelmsford	MA	01824-2712

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2013

Transaction ID : 589B2051-8B71-4ADE-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lisa Lynn Sowder MD

Mailing Address 901 Boren Ave
Ste 1650

City State Zip Code
Seattle WA 98104-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2013

Transaction ID : 505E057C-35F0-4471-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David R. Stephens MD

Mailing Address 10687 NE 2nd St

City State Zip Code
Bellevue WA 98004-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2013

Transaction ID : 7A47651CC8E048378C41

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven K. Struck MD

Mailing Address 3301 El Camino Real
Ste 200

City State Zip Code
Atherton CA 94027-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 6AB38F0308E643AE94BD

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 88
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gregory M. Swank MD

Mailing Address 5141 Hurricane Hill Rd

City State Zip Code
Granite Falls NC 28630-8384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Plastic Surgery & Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2013

Transaction ID : 4782B37EB323EB016F7F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mia Talmor MD

Mailing Address 425 E 61st St
FI 10

City State Zip Code
New York NY 10065-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2013

Transaction ID : 30A5F72AAF4446359EFB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anne Taylor MD

Mailing Address 2 Easton Oval
Ste 545

City State Zip Code
Columbus OH 43219-8032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University - Plastic Surgeon

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2013

Transaction ID : 0C2F2628-C97B-442D-

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 88
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kevin Tehrani MD

Mailing Address 560 Northern Blvd
Ste 109

City State Zip Code
Great Neck NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : 42AB899F552B37FAD33F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sarvam P. Terkonda MD

Mailing Address 4500 San Pablo Rd S

City State Zip Code
Jacksonville FL 32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic Jacksonville

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2013

Transaction ID : C8268D47-F090-4830-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher K. Tiner MD

Mailing Address 1044 S Fair Oaks Ave
Ste 101

City State Zip Code
Pasadena CA 91105-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2013

Transaction ID : 20255030EB74B2A3C2B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Scott L. Tucker MD

Mailing Address 1345 Westgate Center Dr
Ste A

City State Zip Code
Winston Salem NC 27103-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2013

Transaction ID : FFDD4522-64F0-4AA3-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anthony P. Tufaro MD

Mailing Address McElerry 8130-D

City State Zip Code
Baltimore MD 21287-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 05 / 2013

Transaction ID : 5FD7D5653DE5FF2AAEF

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ivan M. Turpin MD

Mailing Address 1310 W Stewart Dr
Ste 610

City State Zip Code
Orange CA 92868-3857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2013

Transaction ID : BF10807BEA5DDF64602

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Todd M. Van Ye MD

Mailing Address 425 S Commercial St

City

Neenah

State

WI

Zip Code

54956-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Center for Aesthetics & Plastic Su

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

Transaction ID : 81A592DA-FD0F-42DA-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul F. Vanek MD

Mailing Address 9485 Mentor Ave
Ste 100

City

Mentor

State

OH

Zip Code

44060-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2013

Transaction ID : 7FE9E6F824B14A7AA408

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Bhupesh Vasisht MD

Mailing Address 1307 White Horse Rd
E-501

City

Voorhees

State

NJ

Zip Code

08043-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2013

Transaction ID : 49694459-F438-4998-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Ted R. Vaughn MD

Mailing Address 305A W Alexander Ave

City Greenwood State SC Zip Code 29646-4009

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2013

Transaction ID : C9BB0663-7D69-4BF4-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank X. Venzara MD

Mailing Address 280 N Sykes Creek Pkwy
Ste A

City Merritt Island State FL Zip Code 32953-3491

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2013

Transaction ID : 47B5E3A642A7443F902F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kathleen A. Waldorf MD, FACS

Mailing Address 9775 SW Wilshire St
Ste 200

City Portland State OR Zip Code 97225-5067

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2013

Transaction ID : A4CF94F9E48D4AD2BA70

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Simeon H. Wall Jr.,MD

Mailing Address 8600 Fern Ave

City

Shreveport

State

LA

Zip Code

71105-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 12 / 2013

Transaction ID : A7733475-C5E7-48F2-

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. William A. Wallace MD, FACS

Mailing Address 916 Alameda Ln

City

Saint Johns

State

FL

Zip Code

32259-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

05 / 17 / 2013

Transaction ID : 471EA2D02D2026635337

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

c. William A. Wallace MD, FACS

Mailing Address 916 Alameda Ln

City

Saint Johns

State

FL

Zip Code

32259-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 17 / 2013

Transaction ID : 4823B407D123F534610D

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

918.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Amy G. Wandel MD

Mailing Address 2200 Sunrise Blvd
Ste 250

City State Zip Code
Gold River CA 95670-4378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 37B99365-25A9-437F-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul R. Weiss MD

Mailing Address 1049 5th Ave
Ste 2D

City State Zip Code
New York NY 10028-0115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2013

Transaction ID : B8F7E832216C4DE2ADFD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank Welsh MD

Mailing Address 6200 Pfeiffer Rd
Ste 320

City State Zip Code
Montgomery OH 45242-5861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 5CB3F84BCAAC6CA0E95

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 88
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Frederick G. Weniger MD

Mailing Address 25 Clark Summit Dr
Ste F104

City Bluffton State SC Zip Code 29910-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 26 / 2013

Transaction ID : 7F5369B5-EE82-435E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bruce I. White MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City Chesterfield State MO Zip Code 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2013

Transaction ID : 8A86549A-A538-4FCF-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven K. White MD

Mailing Address 1275 21st Ave N

City Myrtle Beach State SC Zip Code 29577-7514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2013

Transaction ID : A11F9F3A-CD6B-4CE6-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 88
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Whitfield MD, FACSMailing Address 1510 W 34th St
Ste 100City State Zip Code
Austin TX 78703-1432FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
02 18 2013**Transaction ID : 4CF48C11BD167C5D4676**

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

B. Robert M. Whitfield MD, FACSMailing Address 1510 W 34th St
Ste 100City State Zip Code
Austin TX 78703-1432FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
03 18 2013**Transaction ID : 4CD289FF831DA42A1B4D**

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

c. Robert M. Whitfield MD, FACSMailing Address 1510 W 34th St
Ste 100City State Zip Code
Austin TX 78703-1432FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
04 18 2013**Transaction ID : 4086B785D4F6EF6B8A4B**

Amount of Each Receipt this Period

166.66

SUBTOTAL of Receipts This Page (optional)..... ►

499.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Whitfield MD, FACS

Mailing Address 1510 W 34th St
Ste 100

City State Zip Code
Austin TX 78703-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2013

Transaction ID : 48BEA48D53402C7D355B

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

B. Robert M. Whitfield MD, FACS

Mailing Address 1510 W 34th St
Ste 100

City State Zip Code
Austin TX 78703-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2013

Transaction ID : 43C2956CDECBE024F8A9

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

C. Virgil V. Willard MD

Mailing Address 1011 N Lindsay St
Ste 202

City State Zip Code
High Point NC 27262-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2013

Transaction ID : 8A34DBC572CA44DCA5F0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Natan Yaker MD

Mailing Address 4100 W 15th St
Ste 106

City State Zip Code
Plano TX 75093-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 496588BF-CE9C-4A82-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael D. Yates MD

Mailing Address 303 Williams Ave SW
Ste 1421

City State Zip Code
Huntsville AL 35801-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 6D0DBA7146B9C3333E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lester J. Yen MD

Mailing Address 5950 University Ave
Ste 120

City State Zip Code
West Des Moines IA 50266-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Iowa Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 16E1CE5E2DEA4D33A2E9

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 69 OF 88
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Luis A. Zapiach MD
 Mailing Address 1 W Ridgewood Ave
 Ste 302

City	State	Zip Code
Paramus	NJ	07652-2361

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2013

Transaction ID : 039AA230-19EC-4CD1-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. George P. Zavitsanos MD
 Mailing Address 467 Pennsylvania Ave
 Ste 203

City	State	Zip Code
Fort Washington	PA	19034-3420

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : 30008C44C4DFD0D6CB1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. H. Daniel Zegzula MD
 Mailing Address 1040 NW 22nd Ave
 Ste 610

City	State	Zip Code
Portland	OR	97210-3066

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : 9797E0C9-1276-4C0D-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard J. Zienowicz MD

Mailing Address 1 Castle Hill Ave

Usa

City

State

Zip Code

Newport

RI

02840-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2013

Transaction ID : 48D696AF79788955B1A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen N. Zonca MD

Mailing Address 1316 Mercy Dr

City

State

Zip Code

Muskegon

MI

49444-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : CE0E17E75DF84E16BFA3

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.00

79495.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 88

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 29 2013
Transaction ID : 7516D36D98728390EEA

Amount of Each Disbursement this Period

173.28

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2013
Transaction ID : 2F6332D71714E12977E

Amount of Each Disbursement this Period

208.32

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 30 2013
Transaction ID : 5CD83FF3939956BD5FF

Amount of Each Disbursement this Period

259.89

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

641.49

641.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Alexander for Senate 2014 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2013

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2014 Primary

011

Transaction ID : 0F3FA4473C066FBA52A

Amount of Each Disbursement this Period

2500.00

Candidate Name

Lamar AlexanderCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2013

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
2014 Primary

011

Transaction ID : 2993C758D5E0FB54DF4

Amount of Each Disbursement this Period

2000.00

Candidate Name

Allyson Y. SchwartzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

C. America Works PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2013

Mailing Address PO Box 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
2013 Contribution

011

Transaction ID : DA02051683C55F069D7

Amount of Each Disbursement this Period

5000.00

Candidate Name

America Works PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement
2014 Primary

011

Candidate Name

Andrew P. HarrisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 8AE1D2D2565E508AFF6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Barbara Lee for CongressMailing Address 449 Fifteenth Street
Suite 403

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
2014 Primary

011

Candidate Name

Barbara J. LeeCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : E05B555BB0370F34747

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Benishek for Congress, Inc.

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

Purpose of Disbursement
2014 Primary

011

Candidate Name

Daniel J. BenishekCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : A9DC1859DF13FBF16BC

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands	State TX	Zip Code 77387-8277
-----------------------	-------------	------------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Kevin BradyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2013

Transaction ID : A861FF65CCE3A7DC9AC

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh	State IN	Zip Code 47629
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Larry D. BucshonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2013

Transaction ID : CFC285170EB70642D62

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address PO Box 17813

City Richmond	State VA	Zip Code 23226-7813
------------------	-------------	------------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Eric Ivan CantorCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2013

Transaction ID : E0E26F52BE5A3419B25

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Capito for West Virginia

Mailing Address PO Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement
2014 Primary

011

Candidate Name

Shelley Moore Capito

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : C0D06641E041D9E8D09

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Capuano for Congress Committee

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael Everett Capuano

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : 643ED41A7E00C320DE0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. Md for Congress, Inc.

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement
2014 Primary

011

Candidate Name

Charles W. Boustany Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : D18EC50ED36C4FE0E13

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Charlie Dent for Congress

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
2014 Primary

011

Candidate Name

Charles W. DentCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 37E29A62D4F408716E8

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Chris Coons for Delaware

Mailing Address PO Box 9900

City	State	Zip Code
Newark	DE	19714

Purpose of Disbursement
2014 Primary

011

Candidate Name

Christopher Andrew CoonsCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : 5A6F10392A625D4152C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cole for Congress

Mailing Address PO Box 722256

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas Jeffery ColeCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : 246CDD34E0E93EAEEB6

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement
2014 Primary

011

Candidate Name

Susan Margaret CollinsCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 282C2AEF86FB9FF114E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dave Camp for CongressMailing Address 5915 Eastman Avenue
Suite 100

City	State	Zip Code
Midland	MI	48640-6824

Purpose of Disbursement
2014 Primary

011

Candidate Name

David Lee CampCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 13BC4FB68D41CDED4BB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement
2014 Primary

011

Candidate Name

David Albert ScottCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 4973DA6239C3F4DA1A5

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Diane Black for Congress

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066-1437

Purpose of Disbursement
2014 Primary

011

Candidate Name

Diane BlackCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 5AC9CB0652880530628

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Donna Christensen Campaign

Mailing Address PO Box 5197

City	State	Zip Code
St. Croix	VI	00823

Purpose of Disbursement
2014 Primary

011

Candidate Name

Donna Marie ChristensenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 61EE7440E7065D34C17

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City	State	Zip Code
Mineola	NY	11501

Purpose of Disbursement
2014 Primary

011

Candidate Name

Carolyn McCarthyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 68108D973AB304B513D

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph R. PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : DFD0636DBD70A1CF84C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

City	State	Zip Code
West Chester	OH	45069-6628

Purpose of Disbursement
2014 Primary

011

Candidate Name

John A. BoehnerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : 0407D0630CB905EE476

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lois CappsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : AE4F9D03E47D148F9A1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Friends of Sessions Senate Committee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Mailing Address PO Box 4278

City	State	Zip Code
Montgomery	AL	36103

Purpose of Disbursement
2014 Primary

011

Transaction ID : 0E794FD9C8E3FFB6248

Amount of Each Disbursement this Period

2500.00

Candidate Name

Jefferson Beauregard SessionsCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District:

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement
2014 Primary

011

Transaction ID : CCBD88521C345BA12D7

Amount of Each Disbursement this Period

2500.00

Candidate Name

S. Brett GuthrieCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
2013 Contribution

011

Transaction ID : A163884DC3D95EB1B05

Amount of Each Disbursement this Period

2500.00

Candidate Name

Healthcare Freedom FundCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Iowans for Latham

Mailing Address PO Box 8237

City	State	Zip Code
Des Moines	IA	50301-8237

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas LathamCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 03

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 74AE69ED14F60B51E5B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Lance for Congress

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement
2014 Primary

011

Candidate Name

Leonard LanceCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 07

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 79A728A40B5925B459A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Maloney for Congress

Mailing Address 49 East 92nd St

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement
2014 Primary

011

Candidate Name

Carolyn B. MaloneyCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 12

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : D9F46F8B693418C5D79

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address PO Box 521048

City	State	Zip Code
Salt Lake City	UT	84152-1048

Purpose of Disbursement
2014 Primary

011

Candidate Name

James David MathesonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 5712E03CE925B6530AA

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202-2334

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael Clifton BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 6BE203259D38D9F8206

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress

Mailing Address PO Box 100

City	State	Zip Code
Teaneck	NJ	07666

Purpose of Disbursement
2014 Primary

011

Candidate Name

William J. Pascrell Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2013

Transaction ID : 536CBDE97F4CB322DEB

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas	State TX	Zip Code 75382-3047
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Peter Anderson SessionsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : 887CCEB63D39D2DF816

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City Roswell	State GA	Zip Code 30077
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas E. Price M.D.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : 4E0C985D440439CB7C3

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston	State RI	Zip Code 02920
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Jack Francis ReedCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : 3FB037D1791753F31B7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue, SE

City Washington	State DC	Zip Code 20003
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Purpose of Disbursement
2013 Contribution

Candidate Name

Rely on Your Beliefs FundOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2013

Transaction ID : 5A3FF4FD032735032B8

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh	State NC	Zip Code 27624
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Purpose of Disbursement
2014 Primary

Candidate Name

Renee Jacisin EllmersOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : 76DD86FF5B574C813F9

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville	State WI	Zip Code 53547-1488
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Purpose of Disbursement
2014 Primary

Candidate Name

Paul RyanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : F8404E7C383E5988E4F

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Schock for Congress

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
2014 Primary

011

Candidate Name

Aaron SchockCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : 9470D1EA2911E0CAC4A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement
2014 Primary

011

Candidate Name

Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : D4A0F57CC83A4F8BB69

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Texans for Senator John Cornyn Inc

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement
2014 Primary

011

Candidate Name

John Cornyn IIICategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : D22B7F064C8619A4744

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 88

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2014 Primary

011

Transaction ID : E2694648EFBF04F6A37

Amount of Each Disbursement this Period

5000.00

Candidate Name

Patrick J. TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Full Name (Last, First, Middle Initial)

B. Truth Accountability and Courage Political Action Committee (TACPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2013 Contribution

011

Transaction ID : 42546BE4E1FDF060DF8

Amount of Each Disbursement this Period

2500.00

Candidate Name

Truth Accountability and Courage Political Action Committee (TACPAC)

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2014 Primary

011

Transaction ID : FAA9C347B2C9E818256

Amount of Each Disbursement this Period

5000.00

Candidate Name

Fredrick Stephen UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Plastic Surgeons PLASTYPAC

Three stylized representations of the date 06/18/2013 using the letters M, D, and Y. The first box shows 'M' in the top left and 'M' in the top right, with '06' in the center. The second box shows 'D' in the top left and 'D' in the top right, with '18' in the center. The third box shows 'Y' in the top left, 'Y' in the top middle, 'Y' in the top right, and 'Y' in the top far right, with '2013' in the center.

011

Contribution

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

1000.00

121500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Society of Plastic Surgeons PLASTYPAC



010

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
TypeCategory/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

730.00

730.00